



Washington State Department of Social & Health Services

Safety • Security • Treatment

Strategic Plan 2007-2011
Special Commitment Center



Washington State
Department of Social
& Health Services

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Purpose of This Document

This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges to better serve and protect the citizens of Washington state. This document is a road map of the business policies and improvement strategies for our organization, employees and partners.

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Executive Summary

Since its establishment in 1990 under Chapter 71.09 RCW ("The Community Protection Act"), the Special Commitment Center (SCC) program has grown from a first-year population of five residents to more than 250 sexual offenders. The SCC program continues to expand at a annual net growth rate of 24 residents.

Since June 2004, the SCC's total confinement program on McNeil Island has been housed in a facility independent of and geographically separated from the Department of Corrections' McNeil Island Corrections Center. With the expansion of the community transition services and facilities, the SCC program now operates as a small division without the division-level headquarters staff supporting the agency.

The program has experienced significant success. The treatment program has evolved and is now recognized as a leader among its peers across the nation. Community releases have been successfully managed and not one SCC resident on less restrictive alternative has re-offended to date. Programs within the SCC that were an issue in early court hearings are now smoothly operating, including the resident vocational program that supports food services, maintenance, grounds-keeping, and janitorial services.

Despite its success and recognition as a leader of the 17 state programs for the civil commitment and treatment of sexually violent offenders, the SCC faces many challenges. The SCC total confinement facility is again pressing the limits of its capacity and is working on a capital budget proposal for a 96-bed addition. Housing space is filling, with only sixty beds vacant in June, 2006, and an admission rate that may fill the facility within two years. The fact that the vacant beds are not necessarily located within the residential units commensurate with the behavioral management requirements of future resident admissions makes the need for additional housing capacity urgent.

The SCC population is aging and more complex, with new admissions of juveniles or very young adults as well as elderly and medically fragile individuals. Medical services are strained in a facility located on an island and not designed or envisioned as a long-term care facility. Legal costs for the prosecution and defense of individuals detained for civil commitment are included within the SCC's budget and legal bills are paid by the program, but are not within the program's sphere of control. Recruitment and retention of direct care, medical, clinical, and forensic evaluation staff at a facility devoted to the custody, care and treatment of violent sexual predators is a continued effort, especially considering the island location. Placement of residents released by the courts to less restrictive alternative (LRA) community placements continues to meet heavy opposition from the public. Community resistance is a major factor in providing transitional services, especially in helping LRA residents find and maintain suitable jobs.

Chapter 1 • Our Guiding Directions

MISSION

Our mission is to enhance public safety, which we achieve by:

- Maintaining custody and control over detained and civilly committed sex offenders in a manner that reduces opportunities for re-offenses.
- Treating these individuals, with the goal of their safe return to the community.
- Assessing certain offenders for commitment under the State's Sexually Violent Predator Law.
- Researching the causes of sexual violence and the effective treatment of sexually violent predators.
- Working with communities to prevent sexual offending.

VISION

We will help make the State of Washington safer by reducing the level of sexual violence in society. The Special Commitment Center program will be recognized as a model in the evaluation and treatment of sexually violent persons.

We believe:

- Offenders can make positive changes in their lives and behavior. Optimal outcomes require individualized approaches to treatment.
- A progressive culture of treatment and learning in a respectful environment can foster positive behavioral change.
- Evaluation and treatment activities are guided by evidence-based knowledge and research.
- Society has the right to be protected from persons who are unable or unwilling to change their pattern of destructive and sexually violent behavior.

GUIDING PRINCIPLES

Safety	We are committed to the protection and well-being of our staff, residents and visitors, and the community at large. We provide a safe living and work environment that offers a positive, therapeutic setting.
Integrity	We are dedicated to individual and operational integrity. Individual integrity requires personal responsibility for effective and consistent operations.
Respect	We recognize and respect cultural diversity. We acknowledge and support SCC residents and their families, staff, and visitors.
Reliability	Our program operations are reliable, consistent, and predictable. Changes are communicated in advance and involve collaborative planning.
Accountability	Staff are accountable in the performance of their duties. Our employees value opportunities to demonstrate their competency and willingness to be accountable for their actions and the outcomes of their work.

PRIORITIES OF GOVERNMENT

The Special Commitment Center program (SCC) is connected with the priority for Public Safety. The SCC's mission is to protect the public by preventing future criminal sexual behavior by persons who come under our supervision. We provide this protection by confining and providing treatment to individuals who are referred to the SCC by the judicial system. All of our strategic goals are strongly linked to public safety, security, and rehabilitation of the individuals in our custody who have histories of sexually violent behaviors.

STATUTORY AUTHORITY

The Special Commitment Center program is part of the Department of Social and Health Services (DSHS). The SCC Superintendent reports to the DSHS Deputy Secretary for Public Affairs. The SCC operates a Total Confinement Facility on McNeil Island and two less restrictive residential facilities called Secure Community Transition Facilities (SCTF). The SCTFs house SCC residents who have progressed in treatment and have received court-ordered conditional releases to less restrictive alternative placements. One of the SCTFs is located on McNeil Island and the other is in South Seattle. The SCC also has some case management responsibilities for SCC residents who have received court-ordered conditional releases to their family homes or a contracted 24-hour supervised residential program.

The SCC continually strives to increase the efficiency of its operations and the effectiveness of staff and management through rigorous training, analysis of work and processes, and, newly, an initiative led by the superintendent to create a "high-reliability" organization.

Chapter 71.09 RCW: The Community Protection Act

The SCC was established in April 1990, under the authority of chapter 71.09 RCW, the Community Protection Act. This statute provides for the detainment and civil commitment of persons found to meet the statutory definition of a sexually violent predator. The purposes of the Community Protection Act are:

- Protect the public from extremely dangerous sexual offenders who have a mental abnormality or personality disorder that makes them more likely than not to re-offend without treatment in a secure facility
- Provide care and control of, and treatment to these individuals in a total confinement facility
- Provide residential, community transition and continued treatment services to civilly committed residents whom the courts have determined have made sufficient progress in treatment and can be safely managed in the community under conditional release

Chapter 2 • The People We Serve

INTRODUCTION

Residents of the Special Commitment Center program are a diverse population. As of May 1, 2006, the total SCC resident population included 249 adult male residents and one adult female resident. Of these residents, 238 were housed in the Total Confinement Facility and 12 were in less restrictive alternative placements. SCC residents range in age from under 20 to about 80. About 65 percent are between the ages of 36 and 55. Fewer than 20 percent are under age 35 and about 20 percent are between ages 56 to 80. A substantial number of residents have major medical conditions, significant physical disabilities, developmental disabilities, or mental illness. Some residents are physically or mentally vulnerable and must be protected from others. Some have been diagnosed with psychopathic disorders. Some are long-term residents who have shown little interest in engaging in sex offender specific treatment.

The resident population is growing, with an average of two to three new residents being admitted per month.

DESCRIPTION OF SERVICES

Since its inception in 1990, the number of SCC residents and employees has increased significantly. Services provided by the SCC have also increased in number, variety, and complexity. Over 400 SCC employees are now responsible for duties ranging from residential care (including recreation, life skills training, religious and spiritual care), supervision and security, clinical treatment and evaluation, vocational services, health care services (including acute and chronic care services and emergency health services), food services, administrative and fiscal services, and other facility support services and maintenance.

In response to the program's continued growth and complexity, the SCC reorganized its management structure in July 2005. The Total Confinement Facility now operates under a "unit-matrix" organizational structure rather than a "department model." Within the total confinement program the 12 residential living units are organized as three "Program Areas" that include assigned residential rehabilitation counselors and forensic therapists. The residential and clinical staff in each program area report up to a Program Area Manager. The program areas as a whole are supported by the Clinical Director and her staff and other "integrating" managers who assure that standards are in place and being followed, resident needs are identified and addressed, information and training is accessible to staff, and security and safety standards are practiced and monitored.

RESIDENTIAL SERVICES

Residential rehabilitation counselors ensure that a 24-hour secure, treatment-oriented living environment is provided to SCC residents. Within the Total Confinement Facility, residents have opportunities for recreational activities, religious worship, supervised socialization with family members and friends, as well as appropriate vocational opportunities and access to medical and legal services. Residents share in the responsibility for maintaining a safe, orderly environment. Established rules and standards ensure that all residents understand the expectations of the program.

CLINICAL TREATMENT

The Total Confinement Facility offers voluntary sex individual and group treatment for residents. The clinical program addresses sex offender specific needs, social skills, thought disorders, and other psychological/psychiatric disorders through a cognitive-behavioral model including psychopharmacological interventions where indicated. Treatment and treatment goals are determined through an individualized plan, and progress through treatment is determined by behavior change, not by time spent in treatment. Forensic therapists work with the residents to develop and implement their treatment plans. The SCC is planning for the addition of case managers who will coordinate and monitor the treatment plans for all special needs and behaviorally challenging residents.

MEDICAL SERVICES

Although it is not a medical care facility, the Special Commitment Center must provide medical, dental, psychiatric and other health care services through its own medical clinic and through contracted providers. The SCC Medical Clinic is equipped with well-trained staff and equipment to provide routine medical and dental services and to act as the first responder to emergencies involving the residents of the Total Confinement Facility. The medical staff has a close working relationship with community hospitals and medical specialists in the area who provide specialized in-patient and out-patient medical services beyond the scope of the SCC medical department. Residents of the Secure Community Transition Facilities and other residents in less restrictive alternative placements receive their medical care through contracted community medical providers.

COMMUNITY TRANSITION SERVICES

The primary function of the SCC Community Transition Services Office is to administer the Secure Community Transition Facilities (SCTFs) and provide case management support and monitoring of the residents in other community less restrictive alternative placements (LRA). SCTFs are mandated by state law to provide community transitional housing for residents who receive a court-ordered conditional release from the total confinement facility. The residents who qualify for community placement have progressed through treatment and have demonstrated to the superior court of commitment that they can be safely treated in a setting that is a less restrictive alternative to total confinement.

SECURITY

Public safety is the fundamental tenet of the Community Protection Act and of the Special Commitment Center program. To meet this requirement, the SCC provides many "layers" of program and facility safety and security. A qualified and well-trained staff is a powerful safety and security measure. As a condition of employment, SCC residential rehabilitation counselors and other employees who work directly with our residents must participate in training and meet specific standards for security and emergency response. All SCC staff must pass strict background clearances including fingerprinting.

The facility security systems employed within the Total Confinement Facility and the two Secure Community Transition Facilities are state-of-the-art electronic monitoring systems that include the use of video monitoring, card-readers, body alarms, and other devices. Through an interagency agreement with the Department of Corrections, officers of the McNeil Island Corrections Center provide secure transportation and maintain custody of Total Confinement Facility residents when the residents must be treated in off-island medical facilities. The SCTF staff provides one-to-one escorts of SCTF residents while the

residents are on community outings, including employment. The SCTFs work closely with local law enforcement and provide them with regular advance notice of SCTF residents' trips to specific community locations.

FACILITIES AND SUPPORT SERVICES

The SCC is a geographically diverse organization comprised of the Total Confinement Facility's 27-acre campus on McNeil Island, an SCTF on McNeil Island, an SCTF in Seattle, an Administrative and Business Office in Steilacoom, and a Community Transition Services staff office in Olympia. A small team of facilities and support services staff provide a wide range of services including information technology support, facility maintenance, transportation (SCC staff must be shuttled by bus between the McNeil Island dock and the Total Confinement Facility and the SCTF on McNeil Island), food services, janitorial services, warehouse and supplies, and SCC resident and program mail services.

OTHER PROGRAM SERVICES

Among the supports and services the SCC also provides Total Confinement Facility residents are food services, jobs and job skills training, religious services, educational opportunities, access to legal resources, recreational services and hobby shop. Many of these activities are closely allied with the clinical treatment program and are part of individual residents' treatment plans, since a balanced, healthy life is important to a safe and successful transition to community living.

Chapter 3 • Appraisal of External Environment

POTENTIAL CHANGES IN ECONOMY THAT CAN AFFECT CLIENTS' NEEDS

The majority of SCC services are provided on an island accessible only by a Department of Corrections' passenger boat or barge. This fact has a significant impact on the SCC budget and program operations. All heavy construction and maintenance equipment, mail, facility supplies, and food must be transported via the barge, which does not operate on a 24-hour schedule. The demand for space on the barge is high, requiring the DOC to set priorities on its use.

The passenger boats operate on a 24-hour schedule to transport the staff at both the McNeil Island Corrections Center and the SCC. Nonetheless, the boat schedule requires careful advance planning of personnel deployment, staff meetings, and events to minimize the impact on staff productivity. The boat ride at the beginning and end of an employee's shift is commute time and is not paid work time. Employees who miss their scheduled boat rides to work by a few minutes end up being tardy by 90 minutes or more. This not only inconveniences the employees involved, it also increases the need for and costs of overtime. For many employees who must commute a relatively long distance from their homes to the Steilacoom dock, the additional commute on the boat and the bus ride to the SCC McNeil facilities adds to their personal costs.

The increasing cost of fuel and the long commute to an island that has no public conveniences such as restaurants and grocery stores create a significant challenge for the SCC program and staff. Not only do the high fuel cost and long commute translate into higher budget expenditures, they also affect the program's efforts to recruit and retain qualified staff. A robust state economy and the proximity of other mental health programs such as Western State Hospital result in a highly competitive employment market for both professional and paraprofessional staff.

TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS

As noted in chapter two, the SCC residents are an increasingly aging population with a variety of significant acute and chronic illnesses. About 33 percent of the SCC population is over age 50. Of the 50+ age group, about 43 percent have serious chronic and debilitating illnesses requiring frequent emergent care and hospitalizations such as heart disease, pulmonary disease, cancer, diabetes, etc.

ACTIVITIES LINK TO MAJOR PARTNERS

Governing Body: The SCC's administrative oversight authority rests with the Governing Body, which meets quarterly to review and provide direction on the program's operations and performance in meeting its strategic goals. The Governing Body consists of the following members: the DSHS Deputy Secretary for Budget and Management Operations; the Deputy Secretary for Public Affairs; the Chief Administrative Officer; the Lands and Buildings Division Director; the Mental Health Division Director, and the Superintendent of the SCC who serves as a non-voting member.

Advisory Board: The SCC's Total Confinement Facility Advisory Board members represent diverse community interests. The board meets on a quarterly basis and provides advice and counsel to the Superintendent on SCC policy and program operations.

Advisory Boards for Secure Community Transition Facilities: State law requires that an advisory board be established in each community in which an SCTF is sited. Each advisory board advises the SCC on facility and resident security plans and program operations and policies and procedures related to the specific SCTF.

Department of Corrections: SCC and the McNeil Island Corrections Center (MICC) work under a joint operating agreement that reflects mutual recognition of the two agencies' missions and goals. A biennial interagency agreement identifies and addresses the duties shared by the Department of Corrections and DSHS and the duties that are the exclusive responsibility of DSHS. The agreement also identifies the associated costs of the responsibilities and payments DSHS must make to DOC for services rendered.

Family Members of Residents: SCC involves family members in a variety of formal and informal activities including regular visiting opportunities, family therapy and treatment planning conferences.

Office of the Attorney General of Washington: The Office of the Attorney General serves two important and distinct functions involving the SCC:

- The Social and Health Services' Division of the Attorney General's Office acts as a legal advisor to the SCC program and represents the SCC when the program or its employees are named as defendants in litigation.
- The Criminal Justice Division of the Attorney General's Office handles the prosecution of civil commitment petitions, acting on behalf of the local county prosecutor in 38 counties.

Office of the King County Prosecutor: A special unit of the King County Prosecutor's Office handles the civil commitment cases in King County. About one-third of SCC's residents have been detained and civilly committed through the King County Superior Court. In addition to prosecuting King County civil commitment cases, the King County Prosecutor has also been involved in appeals to the Washington Supreme Court regarding some civil commitment cases.

Defense Attorneys: All SCC residents have a right to legal defense in their detainment and civil commitment proceedings. The SCC reimburses the defense costs, including the costs of expert witnesses.

Local Governments: SCC works closely with local governments, including city and county law enforcement, to share community notification and public safety information regarding individual civilly committed sex offenders released to LRA placements. The SCTFs in Pierce King Counties enjoy collaborative partnerships with personnel in the surrounding city and county governments.

Local Business and Community Advocacy Groups: The SCC has developed a strong partnership with local businesses and community advocacy groups, including victims' advocacy groups, which have an interest in the successful treatment and management of sexually violent predators in the community. In establishing the SCTF in King County, the SCC became a member of and regular participant in Seattle's SODO Business Association. The SCC is also a member of the King County Local Area Sex Offender Management Team. The SCC's participation in these and other community groups is essential to the long-term and safe integration of SCC residents into community living.

Resident Advocacy and Ombudsman Services: Three DSHS Washington Management Services employees, who report to the Director of the DSHS Administrative Services Division, have specific external responsibilities for assuring the SCC residents' rights are

respected. Two Resident Advocates assist residents in understanding their rights and responsibilities within the SCC's rules and policies and represent the residents' constructive interests within the program. An SCC Ombudsman investigates and reports on situations or complaints that may reflect the need for systemic changes within the SCC program. To maintain their independence and avoid potential or real conflicts of interest, the Resident Advocates and the Ombudsman do not report within the SCC Superintendent's chain of command.

STAKEHOLDER INPUT

The SCC strategic goals reflect the broad interests of our stakeholders – the judicial system, business and community groups, SCC residents and their families, advisory board members, law enforcement, local government and the general public.

FUTURE CHALLENGES AND OPPORTUNITIES

Meeting annual forensic evaluation requirements. RCW 71.09 requires that each civilly-committed resident be evaluated annually to determine whether or not the individual continues to meet the definition of sexually violent predator and the statutory criteria for continued civil commitment. The local and national pool of trained, experienced forensic evaluators is extremely limited. In January 2006, the Department of Personnel authorized assignment pay for the forensic psychologist positions at the SCC to assist with recruitment and retention of qualified staff. A backlog of uncompleted evaluations is targeted to be reduced to zero by about December, 2006. The SCC's ability to recruit and retain qualified evaluators will be critical to meeting targets for completing timely evaluations. Keeping up with the increasing workload (each year between 24 and 36 residents are civilly committed) will require hiring about one evaluator per year for the foreseeable future.

Managing the legal costs associated with civil commitment proceedings. The SCC has been designated as the agency responsible for payment of all legal defense costs associated with the civil commitment proceedings involving SCC residents. Because the SCC was ordered by the King County Superior Court in January 2006 to pay for increased costs of attorney, investigator, paralegal services, court and jail services, the SCC must request increased funds in the FY 2007-2009 operating budget. The SCC is working with a statewide group to discuss reasonable rates for SVP legal services and for full reimbursement rates to counties for court room and jail costs.

Developing an agency management structure responsive to the complex needs of a growing organization. In 1990, the SCC was established as a very small institutional program. With the growth of the SCC population and staff, and with the required expansion of services such as the SCTFs and other community services, vocational training services, forensic evaluations, etc., the SCC program is now functioning as a small DSHS division, but without a supporting division-level infrastructure. The SCC must evaluate and improve its organizational structure, staffing levels, and resources necessary to support a complex sex offender management program. This need is especially critical to provide the capacity for managing research on sex offender assessment, treatment and management, policy development, data analysis and management, and performance measurement and accountability.

Assuring that SCC residents receive effective treatment requires staff in the residential, forensic therapy, medical, recreational, vocational and support services areas to work as a multi-disciplinary team with a focus on a common goal. To this end, the SCC has begun a reorganization of the Total Confinement Facility to house residents based on their treatment

needs. Managers are needed to administer the clustered residential living units (called program areas) to assure each of the multi-disciplinary teams have clear performance measures for addressing individual resident treatment needs.

Developing and implementing an “accommodated transition” program for special needs residents. The SCC has a unit within the Total Confinement Facility that houses special needs residents (individuals with mental or developmental disabilities requiring very specialized treatment approaches). Several of these residents have made progress in their treatment to the point that they are nearing readiness for community transition. To succeed in making a safe transition to a less restrictive alternative, however, the residents require the therapeutic milieu of group support, and a specially structured community transition program that includes ongoing medical and psychological services provided by the Total Confinement Facility.

The first step in this community transition plan is to move, with court orders for their conditional releases, a cohort of six special needs residents to a separate living unit within the SCTF on McNeil Island. Under RCW 71.09.250(2), these residents would be “pre-transitional” residents “whose progress toward a less secure residential environment and transition into more complete community involvement is projected to take substantially longer than a typical resident of the special commitment center.” The statute does not permit pre-transitional residents to leave McNeil Island for education, employment, treatment, or community activities in Pierce County. The planning and implementation of the accommodated transition program involves the cooperative efforts of a full spectrum of stakeholders including representatives of the judicial system, SCTF advisory board members, treatment professionals, SCC staff and others.

Managing the costs of housing an increasing SCC population with a variety of behavioral management and treatment needs. The housing capacity in the Total Confinement Facility is expected to become critical before the end of the FY 2007-2009 biennium. As of May 2006, there were 240 residents living in the Total Confinement Facility, which has a total bed capacity of 299. Complicating the capacity issue is the fact that there are few vacancies in the medium management units and the majority of SCC residents require the medium management structure. The majority of the existing vacancies exist in the low management residential units that are housed in an older wood frame building that is not sufficient to meet the needs of a medium management population. Given the complex treatment and security needs of the SCC residents, as well as the need to assure SCC residents receive appropriate sex offender treatment, the SCC residents must be housed in single-occupancy rooms. Therefore, options such as assigning two residents to one room to create more residential capacity is not acceptable.

Addressing the diverse and complex health care needs of an institutional population located on a secure island. SCC is not a nursing or medical facility, but the health care needs of the aging population require space, equipment, and skilled staff to provide adequate care. The aging SCC population creates a demand for more intensive and complex medical and nursing care services. This demand creates a need for more specialized and professional nursing and medical staff at the island facility.

Managing the infrastructure limitations of an institution located on a secure island. The SCC’s Total Confinement Facility was planned and built in 2000-2004 with the assumption that additional design and construction would begin in 2006 to address the need for more bed capacity and improved infrastructure. This assumption drove many decisions during the initial construction phase and it has resulted in several unfilled needs. For example, another boiler is needed to efficiently heat the facility, the current sewer system is

inadequate, and the electronic security system must be upgraded to meet both current and future demands.

Providing information technology services sufficient to support service needs. The growth of the SCC population to about 250 residents and over 400 staff, requires more information technology (IT) staff resources and infrastructure enhancements. To keep up with its growth, the SCC has to expand its electronic activities, particularly the development and use of databases. In 2004, IT supported 85 workstations. In early 2006, this number had grown to over 300. To meet this demand, increased IT staffing will be a priority. The IT staff must constantly train in order to provide support for the many different electronic systems. Cross training and succession planning will be highlighted between 2007 and 2011. Staff turnover and absences pose potential difficulties.

Challenges for the IT department include replacing computers according to life cycle requirements, maintaining servers, training staff for new and expanded technologies in database operations and security systems, and maintaining radio and telecommunications, including augmented radio strength and replacement of devices and emergency communications with external state resources in time of emergency.

The SCC has a critical need for two comprehensive databases: one to manage resident medical services information and the other to manage resident treatment services and track individual progress. The SCC is working with other DSHS agencies, including the Information Services and Support Division, to address these needs.

Maintaining the facilities of a geographically diverse program. Increased staffing is necessary to maintain the grounds and facilities at the Total Confinement Facility, the Steilacoom Administrative and Business Office, and the Pierce and King County Secure Community Transition Facilities. A preventive maintenance plan has been instituted to cover all mechanical and plant systems and components. Through and beyond 2011, a main focus will be repair, replacement and refurbishment of the SCC buildings and equipment in all locations. Appropriate inspections and licensing are scheduled and, as needed, contracts are implemented to assure annual inspections of equipment and safety practices are standardized.

Enhancements and improvements in plumbing and sewer systems are needed on McNeil Island to protect the health of residents and staff. The plumbing and sewer systems must meet requirements of Departments of Health, Ecology and Wildlife. This will take concentrated, longitudinal requests for capital funding and involve informing policymakers of the need for expanding the sewer system and increasing the efficiency of sewer lift stations. The boiler currently being used is marginal to support facility needs.

Planning and developing best practice standards for sexually violent predator civil commitment programs. As the first state program for the civil commitment and treatment of sexually violent predators, the State of Washington has been a leader in developing and implementing best practice standards. Each year, the SCC contracts with an interdisciplinary team of professionals who evaluate the SCC's program against standards that the SCC has developed over the past decade. There are no existing national best practice standards or body that provides specialized accreditation of sexually violent predator civil commitment programs. Professionals from the various state civil commitment programs have been working together informally to develop best practice standards. As a leader in this arena, the SCC is developing plans for a National Conference of Sexually Violent Predator Civil Commitment State Programs. The focus of this conference would be

on best practices and national certification standards. It is anticipated that state funds for the conference would be matched with federal or private grants.

Developing greater capacity to respond effectively to emergencies. SCC residents are a challenging population. Although our staff are well-trained in safety and security measures, they are not law officers and do not have the equipment or authority to quell a major internal disruption. In an effort to be fully prepared in the event of a major internal disruption, the SCC is negotiating an inter-agency agreement with the Washington State Patrol, local law enforcement, and other agencies to assess SCC internal capacity and to determine external resources needed to respond to such events. The agreement will address annual inter-agency training and drills, training staff and management on emergency plans, and providing resources and equipment required to implement plans.

Chapter 4 • Goals, Objectives, Strategies and Performance Measures

A: USE EFFECTIVE TREATMENT TO ENHANCE OUTCOMES

(POG: Improve the safety of people and property)

GOAL 1: **Design and construct sufficient capacity and infrastructure to house current and future civilly committed sexually violent predators in total confinement.**

Objective 1: **Seek funds for the design and construction of additional residential living quarters with sufficient capacity to safely house and manage projected sex offender population.**

Strategies:

- a. Work with Capital Programs to prepare budget decision packages for supplemental budget, FY2007.
- b. Work with Capital Programs to prepare growth and capacity data estimates.
- c. Provide information to departmental and state decision-makers regarding projected capacity shortfall without new construction.

Performance Measures:

- a. Funds secured by July 2007 to complete design work and begin construction.

Objective 2: **Complete necessary repairs and replacement of facility infrastructure (kitchen equipment, boilers, telecommunications systems, etc.).**

Strategies:

- a. Prepare budget decision packages for supplemental budget, FY2007.
- b. Prepare documentation of infrastructure inspections and evaluations.
- c. Provide information to departmental and state decision-makers regarding operational necessity of repairs and replacements.

Performance Measures:

- a. Funds secured by July 2007 for infrastructure repair and remodeling.

GOAL 2: **Implement a comprehensive, research-based sex offender treatment program with a strong milieu therapy component.**

Objective 1: **Train staff in the latest sexual offender treatment strategies.**

Strategies:

- a. Train all relevant staff in the Dialectical Behavioral Treatment (DBT) approach.

- b. Train all supervisory and direct service staff in Truthought® approaches (Truthought® is a method for intervening and re-directing residents to engage in responsible behavior).
- c. Review current literature on sex offender treatment and management.

Performance Measures:

- a. A cohort of staff has completed certification in DBT by July, 2007.
- b. A cohort of supervisors and staff are trained as trainers in Truthought® by July, 2007.
- c. Truthought® training is delivered to all supervisors and staff, in a systematic program throughout FY 2007 and 2008, with new staff trained thereafter.
- d. The program is updated according to literature on best practice.

Objective 2: Establish multidisciplinary individualized treatment plans.

Strategies:

- a. Address needs in all life areas in each resident's rehabilitative treatment plan.
- b. Include healthcare and services providers in treatment plan development and implementation.

Performance Measures:

Each resident has an individualized treatment plan on file which:

- a. Is signed (or waived) by the resident and signed by the therapist and therapist's supervisor.
- b. Is current within six weeks following the review period.
- c. Has evidence of review by a healthcare and/or psychiatric care provider, with a plan of treatment, if necessary.
- d. Identifies physical and mental accommodations needed (ADA).
- e. Has evidence of review and contributions by services providers, e.g. jobs, religious services, hobby/recreation, visiting, and other programs.
- f. Addresses the resident's diagnoses, by DSM-IV Axes, with a plan of treatment or intervention for each diagnosed condition.
- g. Has a statement of treatment goals toward the possibility of progress to a less restrictive alternative.
- h. Has a statement of conditions and criteria regarding progress in the treatment program.
- i. Documents actions and other information relevant to the resident's behavior and progress toward goals, with entries made at least weekly by residential staff and at least every two weeks by clinical and support services staff.

Objective 3: Provide a comprehensive program of treatment for each resident, including those with severe psychiatric disorders, developmental disabilities, learning disabilities, behavioral management challenges.

Strategies:

- a. Link all program services in a therapeutic program description.
- b. Train all program services personnel in basic therapeutic interventions and program goals for treatment.
- c. Provide each resident a case manager whose responsibilities include pro-social skills development for the assigned residents.

Performance Measures:

- a. Program services and treatment guide/overview complete by July 2006, and is up-dated at least once every two years.
- b. Program services line staff trained in TruThought®.
- c. Program services line staff contribute to treatment planning, and to progress reviews.
- d. Each resident has an assigned therapist.

GOAL 3: Develop a system of cottage industries for residents in the Total Confinement Facility.

Objective 1: Research resources and potential for cottage industries.

Strategies:

- a. Identify possible resources available for industry development, including the remodeling of an existing greenhouse for use by SCC residents.
- b. Determine potential products or services which could be generated using identified resources.
- c. Determine potential market or end users for identified industry output.
- d. Determine which industries require skills and experience most closely matching potential future employment for residents of the program.
- e. Determine level of funding, staff resources and other state resources (including transportation, equipment, training of staff and residents, and business management) necessary to each identified industry.
- f. Assess cost/benefit of each identified industry.
- g. Assess impact on external community and potential negative consequences of identified industries.
- h. Determine state and federal regulations regarding such industries.
- i. Contact role-similar agencies for consultation on like projects.
- j. Determine resident interest and number of residents available to operate the industry.
- k. Prepare budget to support selected industry or industries.

Performance Measures:

- a. Industry or industries selected.
- b. Business plan prepared.
- c. Legal requirements met.
- d. Budget prepared.

Objective 2: Make operational one or more cottage industries.

Strategies:

- a. Prepare facilities, as necessary.
- b. Purchase and install equipment and supplies, as necessary.
- c. Notify potential consumers or end users of availability of commodity/services.
- d. Open resident application and selection process.
- e. Train staff and residents to industry techniques and safety requirements.

Performance Measures:

- a. Staff and residents trained.
- b. Legal requirements met.
- c. Industries operational.

GOAL 4: **Establish an accommodated transition program SCC residents with special needs to enable them to make a successful transition to a less restrictive alternative community setting.**

Objective 1: **Identify a group of special needs residents nearing readiness for supported transition to a less restrictive community setting.**

Strategies:

- a. Set criteria for inclusion in a Special Needs transition group.
- b. Determine individual needs and compatibility with the group.

Performance Measures:

- a. A group of six Special Needs residents is identified by July 1, 2006.

Objective 2: **Develop external agreements and supports**

Strategies:

- a. Work with courts, attorneys, and internal and external resources to coordinate hearings, conditions, and supervisory assignments necessary to a group movement.
- b. Identify and inform key stakeholders
- c. Coordinate plans for the accommodated transition program with DOC.

Performance Measures:

- a. Court hearings and conditions coordinated to allow cohort movement.

Objective 3: **Recruit and Train Staff at the Secure Community Transition Facility in Pierce County to work with special needs residents.**

Strategies:

- a. Define responsibilities.
- b. Designate treatment team staff.
- c. Recruit and train additional residential staff to work at the SCTF-PC.
- d. Cross-train SCTF-PC staff to serve special needs residents.

Performance Measures:

- a. Position descriptions are developed for each position.
- b. Job assignments and post orders are complete for each responsibility.
- c. Staff is recruited for each position.
- d. Staff is trained to address residents' special and individual needs.

Objective 4: **Staff in the Total Confinement Facility and the receiving SCTF jointly plan for the transition of special needs residents.**

Strategies:

- a. Coordinate staff and program planning with Program Area Managers, Clinical Director, Program Services Manager, and others
- b. Develop procedures and protocols to effect a coordinated transition to the SCTF-Pierce County from the total confinement program

Performance Measures:

- a. Planning has included personnel from both the SCC and the SCTF-PC
- b. Transition elements are detailed and are followed in successful transitions from the SCC to the SCTF-PC
- c. Treatment teams and personnel assigned

Objective 5: Prepare the Secure Community Transition Facility in Pierce County to accommodate Special Needs residents.

Strategy:

- a. Complete necessary physical accommodations to the SCTF in Pierce County

Performance Measure:

- a. Physical accommodations are completed before the group moves to facility.

Objective 6: Identify and develop chaperones or support persons for SCC residents in the community

Strategy:

- a. Create groups of community volunteers similar to "Circles of Support" for each resident in the group

Performance Measures:

- a. Support network active for one SCTF resident
- b. Support network active for the majority of successful cohort participants at time of transition

Objective 7: Effect the group's planned transition to the Pierce County Secure Community Transition Facility.

Strategies:

- a. Set up internal treatment teams
- b. Assign personnel to prepare residents and treatment components for transfer

Performance Measures:

- a. Treatment plans complete.
- b. Residents complete group work for transition.
- c. Number of groups of special needs residents and number of individual residents identified.
- d. Number of special needs residents who move to the accommodated transition program.

GOAL 5: Expand residential living options beyond SCTFs and family homes for SCC residents on court-ordered release from total confinement.

Objective: **Develop other community residential living options.**

Strategies:

- a. Research residential opportunities for each qualified resident
- b. Identify appropriate community resources
- c. Develop a model for subsidized housing with monetary incentives to housing providers
- d. Include supported/contracted case management for each housing unit
- e. Request legislation, in collaboration with the Department of Corrections, needed to support subsidized housing,

Performance Measures:

- a. Develop three residential living opportunities for LRA residents between FY 2009-2011.
- b. Place at least four LRA residents in alternative community living arrangements by June, 2011.

GOAL 6: **Enhance employment opportunities for SCTF and LRA Residents**

Objective: **Develop additional resources for job placement of residents living in the SCTFs and other community settings**

Strategies:

- a. Research employment opportunities
- b. Identify appropriate community, state, and federal job assistance and training resources
- c. Include employer incentives in budgets for FY2007 and beyond.

Performance Measures:

- a. Five community job placement resources identified and in use.
- b. Five job assistance and training resources identified and in working partnerships with SCC.

GOAL 7: **Conduct a conference on standards, best practices and community management strategies for sexually violent predator programs.**

Objective 1: **Develop broad-based support for the conference.**

Strategies:

- a. Identify potential funding sources.
- b. Contact stakeholders to gain program content interests and potential presenters.
- c. Project costs and other necessary resources.
- d. Develop and submit proposals to funding agency or agencies.

Performance Measures:

- a. Conference budget developed.
- b. Funding obtained.

Objective 2: **Plan and implement the conference**

Strategies:

- a. Contract with conference organizer/facilitator and documenter(s).
- b. Determine location for conference.
- c. Plan conference agenda.
- d. Develop potential list and call for presenters.
- e. Assure all preparations are complete, including travel and per diem for presenters and attendees, agenda, mailings, registration, meals, media and materials support and accommodations.

Performance Measures:

- a. Facilitator and documenter in place and active.
- b. Conference location arranged.
- c. Presentation proposals reviewed and selected.
- d. Agenda set, with speakers and sessions.
- e. Preparations complete.

Objective 3: Provide follow-up to the conference**Strategies:**

- a. Arrange duplication of recordings and print materials.
- b. Prepare conference summary and deliverables for funding entity.

Performance Measures:

- a. Conference proceedings published to attendees and others.
- b. Final report and deliverables sent to funding entities.

B: REINFORCE STRONG MANAGEMENT TO INCREASE PUBLIC TRUST

(POG: Improve the ability of state government to achieve results efficiently and effectively)

GOAL 1: Manage an initiative to evaluate and improve sex offender risk assessment in Washington State.

Objective 1: Combine resources of the Department of Corrections, Juvenile Rehabilitation Administration, Special Commitment Center, University of Washington, Washington Institute for Mental Illness Research and Training, and Washington State Institute for Public Policy.

Strategies:

- a. Obtain buy-in from major stakeholders
- b. Develop steering committee of representatives from involved state agencies, a victim advocacy organization, and the Governor's office.
- c. Use available resources to recruit project manager
- d. Develop detailed plan of action

Performance Measures

- a. Steering committee functioning

- b. Project Manager on board
- c. Plan of action developed
- d. Consultants identified

Objective 2: Determine appropriate measures and develop methods to obtain necessary files.

FY 2007 Strategies:

- a. Involve external consultants, as appropriate
- b. Evaluate purposes of the WA-SOST and select appropriate measures/procedures
- c. Identify means to obtain complete criminal histories
- d. Identify appropriate measures for juveniles

Performance Measures

- a. Assessment measures identified for adults
- b. Assessment measured identified for juveniles
- c. Criminal history sources confirmed and available

Objective 3: Conduct retrospective coding and prospective data collection by key data elements.

FY2008 Strategies:

- a. Involve external consultants, as necessary.
- b. Train staff to code according to selected measures.
- c. Staff code retrospective data from DOC and treatment provider files.
- d. Assess utility of data elements to be collected prospectively.
- e. DOC/JRA and the community sex offender treatment providers begin collecting prospective data collection.

Performance Measures

- a. Staff trained.
- b. Coding underway.
- c. Data elements assessed for utility.
- d. Prospective data collection underway.

Objective 4: Assemble and check reliability of data against instruments

FY2009 Strategies:

- a. Train staff on instruments.
- b. Conduct reliability checks on data for both juveniles and adults.
- c. Project Manager finalizes work.

Performance Measures

- a. Data reliability assessed and instruments validated for adult sex offenders in Washington State.
- b. Data reliability assessed and instruments validated for juveniles sex offenders in Washington State.
- c. Final datasets and instruments identified for future use.
- d. Project Manager completes report, summarizing project and findings, for funding entity and project partners.

Objective 5: Agencies implement long-term use of data

FY 2010 Strategies:

- a. Agencies assume project, using internal resources.
- b. Administer STATIC-99 and SONAR on ESRC cases, with WA-SOST.
- c. Cases "leveled" based on STATIC-99 instrument.
- d. State consumer agency personnel trained on data and instrument use.

Performance Measure:

- a. Provide SONAR data to Community Corrections and as part of notification package.

Objective 6:

FY2011 Strategies:

- a. Agencies continue project, using internal resources.

Performance Measures:

- a. Project is self-supporting and implemented across state in FY 2011.
- b. Assessments reflect improved correlation with re-offense rates for adults and juveniles, when compared to pre-project levels

Final Products:

- a. A risk prediction procedure from WSIPP data base is created
- b. Effectiveness of selected risk measures in Washington is followed over time
- c. A retrospective study is conducted for a sub-set of ESRC cases, score the STATIC-99 and SONAR, and WA-SOST. Post-dictive ability is demonstrated in regard to SCC commitment and recidivism.
- d. Capacity exists to assess psychopathy in all sex offenders managed by DOC and to use assessments for community supervision and treatment.

Goal 2: Provide adequate reimbursement of counties' legal expenses related to civil commitments

Objective 1: Develop and implement an adequate fee schedule

Strategies:

- a. Work with a stakeholder group to develop a fee schedule and appropriate billing procedures
- b. Draft, file, and adopt a revised administrative rule that addresses the new requirements.

Performance Measures:

- a. A new fee schedule is in place.
- b. Administrative rule with new billing requirements is adopted.

Goal 3: Structure the sex offender civil commitment program to support effective sex offender management and provide comprehensive statewide services

Objective 1: **Evaluate and improve organizational structure, staffing levels, and resources necessary to support a division-level sex offender management program**

Strategy:

- a. Request necessary resources to upgrade program capacity for managing research on sex offender assessment, treatment and management, policy development, data analysis and management, and performance measurement and accountability.

Performance Measures:

- a. Organizational structure implemented that supports both facility and community-based sex offender management services statewide
- b. Research and policy staff:
- c. Produce effective risk assessment and community sex offender management strategies.
- d. Collect data to assess program effectiveness.
- e. Serve as a resource for executive and legislative decision-makers.

C: STRENGTHEN DATA-DRIVEN DECISION MAKING

(POG: Improve the ability of state government to achieve results efficiently and effectively)

Goal 1: **Establish an electronic incident management system**

Objective 1: **Create an improved electronic system which supports initial alerts to critical events in the Total Confinement Facility and Secure Community Transition Facilities, and which supports event follow-up tracking and data retrieval in the form of analytical reports**

Strategies:

- a. Assign one or more key staff, including technical support staff, to research and develop an electronic system
- b. Refine list of identified critical incidents
- c. Specify incidents to be treated as "signal" or "sentinel" events, requiring root cause analysis
- d. Determine arrangement of data fields consistent with internal policy, requirements of the Department of Social and Health Services policy, and standards in role-similar institutions
- e. Determine report formats and data analyses expected of the system
- f. Determine budget needs for staff time, hardware and software purchase, development, and maintenance

Performance Measures:

- a. Critical incidents and signal/sentinel events identified
- b. Format for initial electronic report developed and in use
- c. Format for data analyses and reports developed and in use
- d. Incidents successfully tracked to completion

Goal 2: Establish an electronic medical records system

Objective 1: Determine availability of a facility-compatible system for medical records and tracking of resident care

Strategies:

- a. Fund a half-time planner to research and assess available programs and to “populate” and maintain data system once in place (use existing funds for FY2007, with treatment/behavioral goal, below).
- a. Contact role-similar programs and state information technology (DIS) resources for leads on appropriate systems.
- b. Contact the Veteran’s Administration to determine whether a no-cost system is available and compatible with SCC’s needs.
- c. Determine costs and benefits of identified systems.
- d. Select best candidates and arrange demonstrations.

Performance Measures:

- a. Compatible system(s) identified.

Objective 2: Finalize decision on system and submit in budget.

Strategies:

- a. Determine level of technical support staffing and equipment necessary.
- b. Allot annually 1.0 FTE of IT staff time per year for maintenance level.
- c. Prepare budget decision package for anticipated purchase/license in FY2007-8.

Performance Measure:

- a. Budget approved.
- b. Software and hardware purchased and installed.
- c. Staff trained.
- d. Program operational.

GOAL 3: Establish an electronic treatment/behavioral records system.

Objective 1: Identify and Plan for Needed Staffing Resources.

Strategies:

- a. Fund a half-time planner to research and assess available programs and to “populate” and maintain data system once in place (use existing funds for FY2007, with medical goal, above).
- b. Contact role-similar programs and state information technology (DIS) resources for leads on appropriate systems.
- c. Seek information especially on similar systems in state government (Juvenile Rehabilitation Administration “CATS”).
- d. Determine costs and benefits of identified systems.
- e. Select best candidates and arrange demonstrations.

Performance Measure:

- a. Compatible system(s) identified.

Objective 2: Finalize decision on systems and submit in budget

Strategies:

- a. Determine level of technical support staffing and equipment necessary.
- b. Allot annually 1 FTE of Information Technology staff time for program maintenance level.
- c. Prepare budget decision package for anticipated purchase/license in FY2009-11.
- d. Purchase software license or confirm inter-agency agreement if from state entity.
- e. Upgrade hardware as necessary to software and access requirements.
- f. Train IT staff in program support.
- g. Train users in program operation.
- h. Install and test program, populate data fields, and run.

Performance Measures:

- a. Budget approved.
- b. Software and hardware purchased and installed.
- c. Staff is trained.
- d. Program is operational.

D: VALUE AND DEVELOP EMPLOYEES

(POG: Improve the ability of state government to achieve results efficiently and effectively)

Goal 1: Provide staff training opportunities to support employee work performance and development.

Objective 1: Insure New Employee Orientation (NEO) meets agency, departmental, state, and federal requirements.

Strategies:

- a. Develop the content/curriculum
- b. Conduct routine trainer evaluation, with feedback to trainers, supervisors, and management
- c. Determine necessary depth and sequence of information
- d. Identify who should receive what training (a need/means matrix)
- e. Ensure instructors are certified as needed.
- f. Increase NEO sessions from two weeks to four or more weeks.

Performance Measures:

- a. Identify able, qualified NEO trainers.
- b. Routinely conduct trainer evaluation and feedback.
- c. Employ training matrix.
- d. New NEO Curriculum approved and implemented.
- e. Initiate four-week NEO

Objective 2: Maintain high completion rate of mandatory trainings

Strategies:

- a. Identify state, departmental, and local mandatory training requirements.
- b. Identify internal training needs, including specialty training for designated functions.
- c. Develop a comprehensive organizational training plan.
- d. Develop a year-round schedule for recurrent, mandatory training.
- e. Track all mandatory training through database
- f. Inform all staff and supervisors of training requirements and of individual completion status
- g. Apprise senior management monthly of completion status for all required training
- h. Take appropriate action for personnel not completing training as required

Performance Measures:

- a. Complete and implement on July 1 of each fiscal year an SCC Training Plan for that year.
- b. Identify mandatory training requirements and training resources to meet the requirements by May of each fiscal year.
- c. Maintain diversity training completion rate over 90% for managers and for line staff, with 100% completion for persons employed at the SCC for over one year.
- d. Maintain completion rate for harassment prevention training over 90% for managers and for line staff, with 100% completion for persons employed at the SCC for over one year.
- e. Maintain completion rate of over 90% for all other critical trainings and periodic re-trainings required of direct-service personnel (First Aid/CPR, Blood borne pathogens, HIPAA, emergency preparedness/response, and others).

Objective 3: Insure adequate internal and external training resources**Strategies:**

- a. Maintain a roster of all certified and/or trained internal trainers for mandatory subjects.
- b. Initiate a plan to assign primary training duties and rotational "hands-on" duty assignments to a core group of trainers.
- c. Determine and develop external sources for mandatory trainings not conducted by SCC personnel.

Performance Measures:

- a. Maintain a roster of all certified and/or trained internal trainers for mandatory subjects, updated at least each year on or before June 30.
- b. Maintain a rotating group of assigned trainers.

Objective 4: Train residential staff on key skills and knowledge related to their duties.**Strategies:**

- a. Train key supervisors as "ARISE Field Trainers."
- b. Incorporate ARISE as a function of New Employee Orientation for all residential staff.
- c. Complete ARISE program training for all permanent residential supervisors and staff.

- d. Include key skills and knowledge – to include the residential role in therapeutic treatment, in annual/recurrent training provided to residential staff.
- e. Train residential staff in Dialectical Behavioral Therapy (DBT), TruThought®, and other targeted sex offender specific therapies.

Performance Measures:

- a. Number and percentage of residential supervisors completing ARISE for supervisors, with a target of 25 to 30 identified “Field Trainers.”
- b. Number and percentage of permanent residential line staff (RRC1-2) completing ARISE program.
- c. By identified content (DBT, TruThought®, other) number and percentage of residential staff completing training.

Objective 5: Train medical staff on key competencies and knowledge related to their duties.

Strategies:

- a. Develop and maintain a comprehensive list of required trainings and training resources for each medical function.
- b. Maintain a calendar and monitor the renewal of required licenses, certifications and other requirements.
- c. Develop a budget for medical staff training to meet identified needs.

Performance Measures:

- a. Medical training needs identified and up-dated at least annually, included in the SCC Training Plan.
- b. Budget for essential medical training in place for each fiscal year.
- c. Number and percentage of medical staff fully trained to meet their functions.
- d. Number of individuals out of compliance with required licenses, certifications, and other requirements.

Objective 6: Train security and emergency response staff on key competencies and knowledge related to their duties.

Strategies:

- a. Develop and maintain a comprehensive list of required trainings and training resources for each security/emergency function.
- b. Maintain a calendar and monitor the renewal of licenses, certifications and other skill requirements for all security and emergency response staff.
- c. Develop a budget for training to meet identified needs.

Performance Measures:

- a. Security and emergency response training needs identified and up-dated at least annually, and included in the SCC Training Plan.
- b. Budget for essential security and emergency training in place for each fiscal year.
- c. Number and percentage of security and emergency response staff fully trained to meet their functions.
- d. Number of individuals out of compliance with required certifications, and other requirements.

Objective 7: Train clinical (sex offender treatment) staff on key competencies and knowledge related to their duties.

Strategies:

- a. Identify basic and developmental competencies for general and special clinical staff assignments, to include knowledge and performance aspects.
- b. Assess all newly-employed staff person's skill and knowledge level in identified core competencies and develop a training and supervision plan to address any needs.
- c. Identify specific areas of general knowledge and skill that require on-going training and supervision and assign responsibility for staff currency to key clinical managers and experienced staff.
- d. Develop and maintain an active program of clinical staff supervision and training toward identified skills, abilities, and new developments in the field.
- e. Develop an annual plan of training for all staff to focus on new research and state-of-the-art developments in other, similar programs.
- f. Maintain a calendar and monitor the renewal of licenses, certifications and other skill requirements for all clinical staff.

Performance Measures:

- a. Current supervisory records for each clinical staff person, with a plan for core skill and/or enhanced skills and knowledge development.
- b. Current basic and developmental competencies identified yearly for each position, by type/responsibility.
- c. Knowledge and skills assessments of new staff completed within six months of hire, with developmental plan in place.
- d. Annual or periodic calendar of on-going training, with presenters, topics, and attendance records reflecting active involvement of required participants.

Objective 8: Train services staff on key skills and knowledge related to their duties.

Strategies:

- a. Identify basic and developmental competencies for general and special services staff assignments, to include knowledge and performance aspects.
- b. Assigned supervisors assess all new employees' skill and knowledge level in identified core competencies and develop a training and supervision plan to address any needs.
- c. Identify specific areas of general knowledge and skill that require on-going training and supervision and assign responsibility for staff currency to key managers and experienced staff.
- d. Develop and maintain an active program of staff supervision and training toward identified skills, abilities, and new developments, as appropriate to services positions.
- e. Develop an annual plan for updates and refresher training.

Performance Measures:

- a. Current supervisory records for each staff person, with a plan for core skill and/or enhanced skills and knowledge development.
- b. Competencies identified yearly for each position, by type/responsibility.
- c. Annual or periodic record of training reflects current competency and proper certifications or licenses for each applicable position.

Objective 9: Train Information Technology staff on key competencies and knowledge related to their duties.

Strategies:

- a. Identify competencies for staff assignments, to include knowledge and performance aspects.
- b. Assigned supervisors assess all newly-employed staff person's skill and knowledge level in identified core competencies and develop a training and supervision plan to address any needs.
- c. Identify specific areas of general knowledge and skill that require on-going training and supervision and assign responsibility for staff currency to key managers and experienced staff.
- d. Develop and maintain an active program of staff supervision and training toward identified skills, abilities, and new developments, as appropriate to services positions.
- e. Develop an annual plan for updates and refresher training.

Performance Measures:

- a. Current supervisory records for each staff person, with a plan for core skill and/or enhanced skills and knowledge development.
- b. Competencies identified yearly for each position, by type/responsibility.
- c. Annual or periodic record of training reflects current competency and proper certifications or licenses for each applicable position.

GOAL 2: Establish a local agency mentoring program.

Objective: Provide staff with opportunities to develop life skills through mentoring.

Strategies:

- a. Develop a mentoring program.
- b. Identify potential mentors and interest in participation.
- c. Develop policy or procedure that outlines expectations of mentors and individuals who are interested in participating.
- d. Provide application and orientation sessions for interested staff.

Performance Measures:

- a. Number/percent of employees who attend orientation sessions and express interest in participating in the program.
- b. Number/percent of staff who submit applications to participate.
- c. Number of staff who complete mentorship, by area of interest/responsibility.
- d. Participant satisfaction and supervisor's feedback questionnaires.

GOAL 3: Complete annual Personnel Development Plans (PDP) on time

Objective: PDP reviews for all staff are completed within required time

Strategies:

- a. Track PDP evaluations and inform supervisors of due and overdue evaluations.
- b. Emphasize completion of PDPs that are over one month tardy.

Performance Measures:

- a. PDP completion rate 90% or better on time.
- b. No PDP evaluation more than two months late.

GOAL 4: **Recruit and retain a strong, able, diversified workforce sufficient to provide services, treatment, security, and administrative support for a growing residential and community program.**

Objective 1: **Fill all funded positions with qualified employees.**

Strategies:

- a. Identify all vacant positions that can be filled permanently.
- b. Consult w/ Human Resources Office to identify any additional opportunities to fill vacant positions.
- c. Fill all vacant positions within each program area.
- d. Employ or contract with qualified health care providers to meet nursing, dental, psychiatric, vision, and other medical service needs of a growing and aging population.
- e. Employ or contract with qualified forensic evaluators to eliminate the backlog of, and keep pace with, required annual evaluations of committed residents.
- f. Conduct Article 3 bid process as required.
- g. Submit referral requests for all vacant positions.
- h. Conduct interviews for non-bid positions.
- i. Offer positions to qualified candidates.
- j. Maintain diverse recruitment teams that actively seek qualified candidates using a variety of strategies such as attending public meetings, presenting to college classes, attending job fairs, etc.
- k. Train and maintain diverse and skilled interview and selection panels.

Performance Measures:

- a. All permanent, funded positions are filled.
- b. Position vacancy rate is 10 percent or lower.

Objective 2: **Maintain a pool of trained on-call direct service personnel to provide adequate coverage of all positions and reduce the need for overtime.**

Strategies:

- a. Identify and attend regional job fairs
- b. Place ads in local newspapers
- c. Post flyers at high-interest areas and electronically to DSHS Offices
- d. Contact Colleges, Universities and WorkSource to inform them of employment opportunities at SCC

Performance Measure:

- e. "On-Call" roster of at least 35 direct service personnel

GOAL 5: **Develop employees for promotional opportunities into key positions**

Objective: **Implement an effective succession plan**

Strategies:

- a. Identify critical leadership positions requiring succession if vacated
- b. Identify positions from which successive leadership is likely
- c. Develop core leadership competencies for all employees, by job class
- d. Complete annual employee evaluations on schedule

Performance Measures:

- a. Number/percentage of employees (by class) who have completed all core leadership competencies
- b. Succession plan in place

E: IMPROVE INTERNAL AND EXTERNAL PARTNERSHIPS

(POG: Improve the ability of state government to achieve results efficiently and effectively)

Goal 1: **Develop an inter-agency cooperative agreement for co-located facilities to include shared maintenance, maritime operations, and other common needs.**

Objective 1: **Identify areas of common need/responsibility**

Strategies:

- a. Analyze SCC operational needs to determine which are suitable for possible cooperative agreement
- b. Conduct meetings with Department of Social and Health Services and Department of Corrections officials to identify target areas for a necessary interagency agreement
- c. Analyze with DOC officials hindrances and resources related to cooperative ventures.

Performance Measures:

- a. Common areas identified
- b. Supporting and problem factors determined, with potential solutions developed

Objective 2: **Develop an inter-agency agreement and budget to meet known and anticipated needs**

Strategies:

- a. Set of operational needs and cooperative approaches agreed to by all parties
- b. Agreement reached on target areas
- c. Budget for each partner determined, with proportion of shared responsibility
- d. Plan drafted
- e. Budget decision package prepared

Performance Measures:

- a. Budgets approved
- b. Interagency agreement in place

GOAL 2: Develop agreements with external agencies for emergency response

Objective 1: Complete inter-agency agreements for response to natural disaster

Strategies:

- a. Work with state emergency planners including DSHS Emergency Management Division, the Military Department, and Homeland Security, to assess internal capacity and to determine best external resources for response to a natural disaster.
- b. Develop plans and agreements with the agencies identified
- c. Prepare detailed internal emergency plans, in conjunction with inter-agency agreements.
- d. Develop a budget congruent with identified training, resources, and equipment needs.
- e. Prepare budget decision package, as needed.

Performance Measures:

- a. Capacity and needs assessments complete
- b. Plans and agreements finalized with identified external agencies
- c. Budget approved and funds available
- d. Internal emergency plans completed and published to staff and management
- e. Staff and management trained to emergency plans
- f. Inter-agency training and drills conducted at least annually
- g. Resources and equipment required to implement plans and agreements are purchased

Objective 2: Complete inter-agency agreements for response to riot, hostage situation, or facility take-over

Strategies:

- a. Work with state emergency planners, including the Washington State Patrol, to assess internal capacity and to determine best external resources for response to an internal disruption
- b. Develop plans and agreements with the Washington State Patrol , local law enforcement, and other agencies identified
- c. Prepare detailed internal emergency plans, based on inter-agency agreements
- d. Develop a budget congruent with identified training (including overtime for external trainers), resources, and equipment needs
- e. Prepare budget decision package, as necessary

Performance Measures:

- a. Capacity and needs assessments complete
- b. Plans and agreements finalized with identified external agencies
- c. Budget approved and funds available
- d. Internal emergency plans completed and published to staff and management
- e. Staff and management trained to emergency plans

- f. Inter-agency training and drills conducted at least annually
- g. Resources and equipment required to implement plans and agreements are purchased

GOAL 3: Develop Stakeholder Relationships

Objective 1: Identify stakeholders having critical impact on the success of SCC and on transition of SCC residents to LRA settings

Strategies:

- a. Concisely define the critical impacts of each stakeholder
- b. Develop communication strategies for the various stakeholders

Performance Measures:

- a. List of stakeholders and communication strategies developed

Objective 2: Inform and educate the community concerning prevention, treatment and risk factors through a collaborative relationship with community organizations

Strategies:

- a. Participate in the fall national conference on sex offender management and community notification in Seattle

Performance Measures:

- a. Contacts made and on-going communication/outreach and education calendar of activities in use

GOAL 4: Coordinate with Aging and Disabilities Services Administration

Objective: Locate viable long-term care living options and personal care services for SCC residents who are aged or who have severe chronic medical conditions and who may be conditionally or unconditionally released from SCC.

Strategies:

- a. Identify long-term care facilities that are appropriate options.
- b. Work with prosecutors, defense attorneys, DOC, courts and others for appropriate living and care of this group of residents

Performance Measures:

- a. Agreements and contracts negotiated with selected facilities

Chapter 5 • Performance Assessment

GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE

As an outgrowth of the DSHS GMAP process, the SCC has launched a six-month project to develop and implement key performance measures in all program areas. The performance measures will be reported monthly and will enable SCC management to identify areas that require emphasis on accountability. The performance measures will support evidence-based decision-making and track both short and long-term outcomes.

OTHER PERFORMANCE REVIEWS

The SCC contracts with experienced professionals to conduct annual and semi-annual inspections of care. The Inspection of Care Committee (IOCC) evaluates the SCC program against standards that have been developed by the SCC program over the past eight years and continue to evolve. Since the establishment of the SCC in 1990, 16 other states have implemented civil commitment programs similar to the SCC's, and a few other states have expressed interest in doing so. Nonetheless, there are currently no national standards for the treatment of sexually violent predators. The annual meetings of the Association for the Treatment of Sexual Abusers (ATSA) have provided a limited opportunity for representatives from state civil commitment programs to discuss issues such as program policies and treatment standards. As the pioneer program in this field, the SCC has taken a lead in focusing the discussion on the need for the development of best practices and standards and ultimately, program accreditation by a nationally recognized body such as CARF.

CLOSING PERFORMANCE GAPS

Through an initiative led by the Superintendent and using external consultants, program strengths and developmental opportunities have been identified and are being addressed, with the aim of creating a culture of "high reliability." Among the gaps in performance identified are systems that require improvement, needed training for supervisors and staff, organizational re-structuring, and hiring practices that require revamping. As the process continues, the core participants will expand to include succeeding "waves" of managers and staff, during which time further analysis of strengths, needs, resources, and improvement opportunities will be conducted and an action plan will be implemented.

Chapter 6 • Internal Capacity Assessment

WORKFORCE AND ORGANIZATIONAL CAPACITY

The SCC is a state agency that continues to expand its workforce as the number of sexually violent predators detained or civilly committed at the SCC increases. The largest employee class is the residential rehabilitation counselors who serve in a variety of capacities. These staff members provide supervisory services to SCC residents on the residential units, serve as the security personnel located at various stations across the Total Confinement Facility, participate as team members with clinical, medical and support services employees in delivering and tracking resident treatment services, and, in the SCTFs, serve as life skills trainers and escort SCTF residents on all community activities.

Until the new Total Confinement Facility opened in June 2004, the SCC was previously housed within the perimeter of the McNeil Island Corrections Center (prior to 1998, the SCC was located within the Monroe Correctional Complex). Thus, when building the new facility SCC management had to plan for a large “stand-alone” institution without the benefit of previous operations experience. During the early planning and construction phases of the Total Confinement Facility, the design process assumed that the SCC facilities would be maintained by the McNeil Island Corrections Center. As the new facility was being built, however, it became clear that it would be more efficient and effective for the SCC to manage its own maintenance department and facility support services. Nonetheless, the SCC and the Department of Corrections continue to operate under an interagency agreement that addresses shared infrastructure resources such as marine services, fuel, utilities, emergency fire services, medical transportation, and roads.

Resident work crews, supervised by Construction Maintenance Superintendents and supervisors, receive vocational training and perform in many work sites within the institution. However, skilled staff supervisors with technical expertise and skills are needed to manage the electrical, plumbing, steam, H-VAC, security and other facility systems. The skill and knowledge of these professional staff must be maintained through continuous training, certification and licensing.

The current Information Technology staff level is inadequate to maintain and support the program’s highly technical and data-intensive environment.

SCC is not staffed to provide on-site presence of maintenance staff after hours and weekends. The response of SCC maintenance staff to emergencies has been exemplary. With the expansion of SCC facilities to Seattle and other locations, the SCC must use contractors to complement SCC employees in handling facility-related needs.

INFRASTRUCTURE AND HOUSING CAPACITY

As noted in chapter 3 (challenges and opportunities), the SCC’s infrastructure and housing capacity are at a critical juncture. Additional residential units within the Total Confinement Facility must be designed and constructed within the FY 2007-2009 biennium in order to have the needed capacity to house offenders. At the present growth rate in the SCC population, we anticipate reaching capacity by mid-2010 if not sooner.

TECHNOLOGY CAPACITY

The SCC relies heavily on electronic equipment and systems. All security systems are electronic. The SCC facilities as well as communications and treatment programs are monitored and managed in great part by computers.

Challenges for the IT department include complying with replacing computers according to life cycle requirements. IT staff must train continuously in order to provide support for the many different electronic systems. Cross training and succession planning will be highlighted between 2007 and 2011. Staff turnover and absences pose potential difficulties.

The SCC is expanding electronic activities, particularly the development and use of databases. The number of workstations has increased with the increase in staff (especially clinical and administrative staff). In 2004, IT supported 85 Personal Computers (PC). In early 2006, SCC supported over 300 PCs, but there was an addition of only one staff during this period. Increased IT staffing will be a priority.

FINANCIAL CAPACITY

The Special Commitment Center program is operated entirely by state funds. It does not receive any reimbursement from the federal government. The current cost for keeping an offender in the Total Confinement Facility is approximately \$151,000 per year. An SCTF placement may cost as much as \$400,000 per year per resident. With the increasing number of placements into the SCC, increased staff and other resources are required to provide care and treatment, as well as security for the public. There are an increasing number of aging SCC residents with chronic illnesses and disabilities. Medical costs, especially for emergency care, are not easily controlled, yet they figure markedly in program expenditures. Legal costs, over which the SCC has no control, contribute significantly to overall program costs.

SERVICE DELIVERY CAPACITY

As mentioned earlier in this document, the remote island location of the SCC total confinement facility impacts heavily SCC's ability to hire and retain staff, complicates service provision, and adds significantly to the cost of doing business. Service delivery is especially affected in: (1) attracting qualified professional staff who are willing to commute to the island and (2) adding to the costs and time required in transportation, especially in emergencies.

Sex offender treatment assessment and evaluation. Our need to recruit and retain sex offender treatment staff, including psychologists, and experienced Ph.D.-level forensic evaluators, will increase as the population grows and as competition for qualified personnel becomes severe. The SCC program recruits from the same small pool of professionals as do the Department of Corrections, and the Mental Health Division within Washington State and. Staff turnover is frequent and unlikely to diminish as we lose personnel to competing employers within the state and to private practice. This challenge requires creativity, including possible employment incentives and promotion and training from within SCC's own ranks.

Medical services. The resident population is aging and the courts are increasingly detaining and committing to our care persons with medical and psychiatric needs that test our service capacity. Costs for emergency, cardiovascular, and orthopedic care are high and increasing, suitable

housing is limited, and clinic equipment and personnel resources are strained. We rely on external resources for intensive and specialty treatment and care for somatic medicine.

Unique difficulties exist in treatment and care of residents with significant psychiatric needs, especially because Western State Hospital is not available for critical care – prohibited by Chapter 71.09 RCW.

Residential services. Staffing and training for residential services is a continuing effort. While the SCC has improved in both endeavors, retention of experienced staff remains a problem. Staff loss can be attributed in part to personal time lost and costs related to commuting and to the stresses of working with a forensic population. We believe our staff to be able and dedicated. We maintain a continuous recruitment and training effort. Retention must be a major focus, since keeping experienced personnel is one of the most powerful means to reduce costs and risks and to increase the quality of services.

Social and religious programs. A therapeutic environment must provide adequate social and personal opportunities, since behavioral and attitudinal change is critical to progress toward offense-free living. We have a strong program of social and religious services, though the SCC has been historically challenged to find spiritual resources for residents of certain faith practices, especially for the Jewish faith and (until recently) Native American religious observances.

Special populations. Treatment for residents with learning and developmental challenges has been a strength of the SCC program for some time. With the introduction of Dialectical Behavioral Therapy for personality-disordered residents and Truthought® as a communication and therapeutic intervention approach taught to all staff, our ability to meet the needs of various populations has recently been enhanced.

The SCC houses persons with certain medical, behavioral, and cognitive needs in units especially suited for their care and with staff trained to work with each population.

Our sex offender treatment program has a “special needs” track for residents who have learning challenges. An “accommodated transition” initiative is under way to support a cohort of residents in their progress toward a communal, less restrictive alternative living and treatment environment. Without accommodations of this nature, we believe their progress would be more difficult.

Community Programs. Community concerns and limited treatment progress among residents are the two greatest factors in providing community programs for residents. Siting the Secure Community Treatment Facilities (SCTFs) in Pierce County (McNeil Island) and in King County (Seattle) took considerable time and effort. The costs were and are high and resident occupancy is low. Finding sex offender treatment providers for released residents has gone well, but finding jobs in the community has been markedly difficult. Even if a willing employer is found, the negative reaction of other employees is enough to cost the resident a job.

The SCC is working to improve employment options in partnership with other state agencies. The “accommodated transition” initiative may help certain residents progress to an SCTF and beyond. Changes in the sex offender treatment program may promote success and eventual LRA release for other, “regular track” and “special needs” residents.

Appendix 1 • Information Technology Strategic Plan

INFORMATION TECHNOLOGY STRATEGIC PLAN

A component of the IT strategy is to train staff on computer use. As the treatment program relies more on computers and evolves toward an exclusively electronic record, all SCC staff must be proficient in basic computer skills. As the number of staff and programs (security, maintenance, medical, clinical, business and personnel) increase and as the number of uses for data and research increase, additional advanced training is required.

IT will also be expected to expand its use of web-based management and information tools, including internet broadcasting and video.

Of great concern will be the maintenance of the SCC servers. There will be a need to:

- Maintain data and electronic security and integrity.
- Maintain a complement of hardware and software sufficient to meet increasing program demands for data-dependent decision-making.
- Upgrade computer and related hardware consistent with department standards.

The current Information Technology staff level is inadequate to maintain and support the program's highly technical and data-intensive environment. SCC anticipates the need to nearly double the number of Information Technology staff over the next biennium to manage the increasing IT workload and implement new critically-needed medical and residential/treatment databases.

Appendix 2 • Institutional Facility Plan

INSTITUTIONAL FACILITY PLAN

The Special Commitment Center (SCC) provides a specialized mental health treatment program for sex offenders who have been civilly committed under chapter 71.09 RCW. The mission of SCC is to provide comprehensive, individual treatment to each resident referred by the courts in a constitutionally sound environment that protects the safety and welfare of the public, staff and residents.

The King County Secure Community Transition Facility (SCTF) was occupied in early 2006. This leased facility, currently ready for six SCC residents, was constructed to allow for a second phase of remodeling accommodating an additional six residents. This facility joins an existing SCTF on McNeil Island that can potentially house up to 24 residents. These facilities serve to provide less restrictive alternative residential living arrangements for SCC residents on court-ordered conditional release from total confinement.

The SCC took occupancy of a new constructed total confinement facility on McNeil Island in the spring of 2004. The facility has an operational capacity of 299 beds.

The SCC will be making minor upgrades in its kitchen and dining hall, including asbestos abatement and new fire sprinklers, through June 2007. Additional work is underway in another former DOC building now occupied by the SCC to replace steam lines.

Additionally, the SCC has leased additional office space in the Town of Steilacoom. The space is expected to be available in the spring of 2006.

Future Challenges. The SCC continues to face major capital facility challenges in the years ahead. There is a need to focus on the following priorities:

- The SCC total confinement facility has been built in phases to expedite construction and maximize available construction funding. Based on an analysis of admission trends, it was projected that the SCC would require an additional construction phase to accommodate the numbers of anticipated court referrals.
- Planners presumed that the design effort for expanded capacity would be authorized in the 2006 Supplemental Capital Budget with construction funding to follow in the 2007-2009 biennium. However, funding for the design effort was not included in the supplemental budget. Demonstrating the need for additional capacity and securing capital funding from the legislature is the highest capital priority for the SCC.
- The old Department of Corrections' "North Complex" site that the SCC Total Confinement Facility now occupies is supplied by antiquated and insufficient utilities, including:
 - An electrical distribution system served by high line wires that are inadequate for current loads and frequently fail during high winds and inclement weather
 - A sewer system that does not meet Department of Health, Ecology and Wildlife standards and might cause serious environmental damage if it fails

- The SCC is contractually responsible for assisting the DOC in the maintenance of the roads that serve SCC. The existing roads were not constructed to withstand the numbers and sizes of the busses and other vehicles required by SCC operations. The transportation of staff to and from SCC has contributed to road damage on the island.
- The SCC currently lacks sufficient warehouse space.
- The SCC is in need of a modernized dining facility that can accommodate increased census and would continue to meet health and safety standards. The SCC must begin a sustained effort to quantify and document the need for a new facility that is ADA compliant and utilizes modern cooking methodologies.
- The SCC relies on two boilers for domestic hot water and space heating. One 300 hp boiler is backed up by a 125 hp boiler, but the smaller boiler alone cannot meet the demands of the facility. When annual maintenance or mechanical problems take the larger boiler out of service, it is impossible to provide the space heating, domestic hot water and steam power required to operate the facility.
- The SCC planned to add an additional boiler to its steam system when the proposed 96 beds expansion began. The lack of supplemental funding has delayed this project. The boiler project needs to move forward independent of the proposed expansion project.
- The SCC must continue to monitor the need to site additional SCTFs. Although state law provides the option for DSHS to site SCTFs in other counties, the number of SCTF beds we need in the future will hinge on the number of residents who receive court-ordered conditional release to less restrictive alternatives.



This document is also available
electronically
at: www1.dshs.wa.gov/strategic

Persons with disabilities may request
a hard copy by contacting DSHS at:
360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning
process may be directed to DSHS
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